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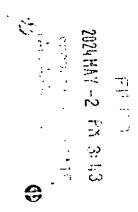
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COVER LETTER

TO: Registration Division of (n Section Corporations		
BLMK,			
SUBJECT:		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
-	DEBORAH HAMMER		
		Name of Person	
	HAMMER NAVARRO T	ANOLI & ASSOCIATES PA	
	 	Firm/Company	
	400 NW 74TH AVENUE		
		Address	
	PLANTATION, FL 3331	7	
	DHAMMER@HHAACPA	City/State and Zip Code	
	-	to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	ail:	
SAMUEL HAMME	R	954 370-6100 at ()	
Nai	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company derida document number \frac{108000049619}{10000049619}.	were filed on <u>05/16/2008</u>	and assigned
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
BROCK FAMILY INVESTMENTS, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	1653 W COUNTY HIGHWAY 30A	
Principal office address MUST BE A STREET ADDRESS)	UNIT 1112	
Tricipal office dualess most be 1151 New 118 Billion	SANTA ROSA BEACH, FL 32459 5	202
Enter new mailing address, if applicable:	1653 W COUNTY HIGHWAY 30A F-	2024 HAY -2
Mailing address MAY BE A POST OFFICE BOX)	UNIT 1112	- -
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	SANTA ROSA BEACH, FL 32459 . address on our records, enter the name	e of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

BLMK LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARK BROCK	1653 W COUNTY HIGHWAY 30A	
		UNIT 1112	□Remove
		SANTA ROSA BEACH, FL 32459	
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
		·	🗆 Add
			Remove
			□Change
			□Add
			Remove
			□ Add
			□ Remove
			□Change

(If an o	ctive date, if other than the date of filing: Od/26/2024 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
ord is	
Date	APRIL 26 Signature of a member of authorized representative of a member
	MARK BROCK

Filing Fee: \$25.00